

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 02/27/2015
NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{W 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the post certification revisit (PCR) to the post certification revisit completed 1/2/15 to the investigation of complaints #IN00158868 and #IN00158936 completed on 11/19/14.</p> <p>This visit was done in conjunction with the post certification revisit to the full annual recertification and state licensure survey.</p> <p>Complaint #IN00158868: Corrected.</p> <p>Complaint #IN00158936: Corrected.</p> <p>Dates of Survey: February 26 and 27, 2015.</p> <p>Facility number: 012557 Provider number: 15G791 AIM number: 201017960A</p> <p>Surveyor: Christine Colon, QIDP</p> <p>Dungarvin Indiana LLC, was found to be in compliance with 42 CFR, part 483, subpart I, and 460 IAC 9 in regard to the investigation of complaints #IN00158868 and #IN00158936. Quality Review completed 3/5/15 by Ruth Shackelford, QIDP.</p>	{W 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.